

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County Kiowa		Fraction C 1/4 NW 1/4		Section number 36	Township number T 27	Range number S R 18	E/W
2. Distance and direction from nearest town or city CENTERVIEW SOUTH TO KIOWA CO. LHM 5 SOUTH Street address of well location if in city: EAST				3. Owner of well: H-30 Riq 3 R.R. or street: City, state, zip code: Wichita, Kansas			
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. 7 in. Completion date 8-8-78 Well depth 60 ft.			
				7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary			
5. Type and color of material				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other			
				9. Casing: Material _____ Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC <input checked="" type="checkbox"/> Weight 275-3 lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 200			
				10. Screen: Manufacturer's name Testless Shop made Type Saw Dia. 5 Slot/gauze 1/8 Length 20 Set between 40 ft. and 60 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material 1/8-1/4			
				11. Static water level: _____ mo./day/yr. 23 ft. below land surface Date 8-8-78			
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
				14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade			
				15. Well grouted? yes With: _____ Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete Depth: From 60 ft. to 20 ft.			
				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other			
				(Use a second sheet if needed)			
18. Elevation:		19. Remarks:		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Myers Water Well 143 Business name _____ License No. _____ Address GT Band 15s Signed Raymond Resendatki Date 8-8-78 Authorized representative			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley							

T 27
 R 18
 E W
 Sec 36
 1/4 1/4 1/4

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5